

# CHURCH SAFEGUARDING POLICY

*2023-24*



**EVERY NATION**  
CHURCH · LONDON



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## 1. Church Details

**Name of the church:** Every Nation Church, London (hereafter, “The Church”)

**Locations:**     **West Kensington Congregation**, 9 Beaumont Ave, Hammersmith, London, W14 9LP  
                      **Slough Congregation**, St Bernard’s Catholic Grammar School, 1 Langley Rd Slough, SL3 7AF  
                      **Mile End Congregation**, Queen Mary Students Union Hub, 329 Mile End Road, London, E1 4NT  
                      **Huntingdon Congregation**, Hartford Village Hall, 16 Main St, Hartford, Huntingdon, PE29 1YS  
                      **Cardiff Congregation**, 24 Dol Isaf, Radyr, Cardiff, CF15 8HF

## 2. Church Statement: Commitment to Safeguarding

The Church Leadership (hereafter, “the CL”) takes seriously its responsibility to protect and safeguard the welfare of children, young people and vulnerable adults entrusted to the church’s care.

As part of this mission, the CL is committed to:

- Listening to, relating effectively with and valuing children, young people and vulnerable adults whilst ensuring their protection within church activities
- Respectful pastoral care for all to whom we minister
- Encouraging and supporting parents/carers
- Exercising proper care in the appointment and selection of those who will work with children and people who may be vulnerable
- Ensuring that children’s/youth/vulnerable adult workers are given support and training
- Having a system for dealing with concerns about possible abuse
- Maintaining good links with the statutory authorities
- Promoting safe practice by those in positions of trust

The CL recognises that children, young people and vulnerable adults may be the victims of abuse.

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

In order to safeguard those in our church we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental

violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy and appendices.

Accordingly, the CL has adopted the policy contained in this document, (hereafter, “the policy”). The policy sets out agreed guidelines relating to the following areas:

- Responding to disclosure of abuse, including allegations that may be made against the leaders or members of the church
- The role and responsibilities of the Safeguarding Leads, the Safeguarding Coordinators and the Congregation Leaders
- Appointing and training workers
- Working with offenders
- Good practice within pastoral care settings
- Helping victims of abuse
- Supervision of activities, boundaries and discipline within children’s work

### 3. Safeguarding Procedures

#### 3.1. Responding to Allegations or Suspicions of Abuse

##### 3.1.1. General points

- Reassure the child/person.
- Show acceptance of what the child/person discloses (however unlikely the story may sound).
- Keep calm.
- Do not investigate or push for information. If the child/person decides not to tell you after all, then accept that and let them know that you are always ready to listen.
- Tell the child/person you will need to let someone else know – **Do not promise confidentiality.**
- Let the child/person know what you are going to do next and that you will let them know what happens.
- **Contact the Safeguarding Coordinator**, unless they are implicated.
- **Make notes as soon as possible** (preferably within one hour of the person talking to you), writing down everything that the child/person said and when he/she said it, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be kept for an indefinite period of time. [See Appendix G: Safeguarding Incident Recording Form](#)
- Consider your own feelings and seek pastoral support if needed.

##### Helpful things you may say or show:

- *I believe you*
- *Thank you for telling me*
- *It's not your fault*
- *I will help you*

##### Unhelpful things to avoid saying:

- *Why didn't you tell anyone before?*
- *I can't believe it*
- *Are you sure this is true?*
- *Why? When? How? Who? Where?*
- Never make false promises
- Never make statements like: *"I am shocked. Don't tell anyone else."*

**3.1.2. Reporting allegations or suspicions of abuse**

1. You must report concerns as soon as possible to the relevant Safeguarding Coordinator (hereafter “the Coordinator”) who is nominated by the CL to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. The Coordinator may contact thirtyone:eight to consult on how to handle the allegation. The Coordinator may also be required by the conditions of the church insurance policy to immediately inform the insurance company. A decision will also be made as to whether the concern warrants a referral to the statutory authorities.

	<b>Children and Young People Safeguarding Coordinator</b>	<b>Adults Safeguarding Coordinator</b>
<b>West Kensington</b>	Lydia Anderson lydia@everynation.london	Tamsin Daniel tammy@everynation.london
<b>Slough</b>	Sam Gemmill sammyjoparsons@hotmail.com	Benji Rajapandian benji.rajapandian@gmail.com
<b>Mile End</b>	Tosin Asaolu talasha1@gmail.com	Rommel Cervantes rommel@everynation.london
<b>Huntingdon</b>	Amber Hine amberchloehine@gmail.com	May Kee Koh kmaykee@yahoo.com
<b>Cardiff</b>	Sarah Barnett sbarnett361@gmail.com	

2. In the absence of the Coordinator, the Deputy Coordinator should deal with the matter.

	<b>Children and Young People Safeguarding Deputy Coordinator</b>	<b>Adults Safeguarding Deputy Coordinator</b>
<b>West Kensington</b>	Emtia Bartlett emtiabartlett@gmail.com	Anna Barber annabarber82@googlemail.com
<b>Slough</b>	Benji Rajapandian benji.rajapandian@gmail.com	Sam Gemmill sammyjoparsons@hotmail.com
<b>Mile End</b>	Rommel Cervantes rommel@everynation.london	Tosin Asaolu talasha1@gmail.com
<b>Huntingdon</b>	May Kee Koh kmaykee@yahoo.com	Amber Hine amberchloehine@gmail.com

3. A confidential record will be made of the conversation and the circumstances surrounding it using the template in [Appendix G](#). This record will be kept securely and a copy passed to statutory authorities if a referral is made.

4. If the suspicions in any way implicate both the Coordinator and the Deputy Coordinator, or if the coordinators are unavailable, then the report should be made in the first instance the Safeguarding Leads, to thirtyone:eight or the relevant child or adult social services.

### **Safeguarding Leads**

<b>Children and Young People Safeguarding Lead</b>	<b>Adults Safeguarding Lead</b>
Lydia Anderson lydia@everynation.london	Tamsin Daniel tammy@everynation.london

### **thirtyone:eight**

info@thirtyoneeight.org  
PO Box 133, Swanley, Kent, BR8 7UQ  
00303 003 1111  
Membership No: 3425

### **Social Services (Children)**

**Telephone number:** 020 8753 6600  
**After hours:** 0208 748 8588.

5. If there is an immediate threat of harm, the Police should be contacted without delay on 999.

### **Police and Emergency Services**

Where the abuse is also a crime - such as assault, racial harassment, rape or theft - call the police on 999. You should always do this if you are worried that you or someone you know is in immediate danger

If you or someone else is or has been injured as the result of abuse or neglect then you should seek medical advice and treatment - if the injury is serious then call 999 and ask for an ambulance

In less urgent cases you can contact the police without using the emergency 999 service. Call the central police reporting line on 0300 123 12 12 or ring 101 (the police non-emergency number) to report a previous incident.

6. In situations of abuse, the worker or Coordinator should decide if it is safe for the child/person to return home to a potentially abusive situation. On rare occasions it may be necessary to take immediate action to contact the social services and/or the police to discuss putting into effect safety measures for the child/person so that they do not return home.

7. Suspicions will not be discussed with any other person than those nominated above.

8. It is, of course, the right of any individual as a citizen to make direct referrals to or seek the advice of the relevant social services, although we hope that members of the church will use this procedure. If, however, you feel that the Coordinator or Deputy has not responded appropriately to your concerns, then it is up to you to contact the appropriate organisation directly.

### **Insurance**

The Church is covered by Public Liability Insurance through Ansvar and our broker is Jonathan Millard contactable on 0208 651 7420.

### **3.1.3. Specific Procedure for Allegations of Physical Abuse/Neglect (Children)**

If a child has a physical injury or symptom of neglect, the Coordinator will:

1. Contact the Social Services (or thirtyone:eight) for advice in cases of deliberate injury or where concerned about the child's safety. The parents should not be informed by the church or organisation in these circumstances.
2. Where emergency medical attention is needed it shall be sought immediately. The Coordinator will inform the doctor about any suspicions of abuse.
3. In other circumstances speak with the parent/carer and suggest that medical attention is sought for the child. The doctor or health visitor will then initiate further action if required.
4. If appropriate the parent/carer will be encouraged to seek help from the social services department.
5. Where the parent/carer is unwilling to seek advice, if appropriate, the Coordinator will offer to go with them. If they still fail to act, in cases of real concern, the Coordinator should contact social services for advice.
6. Where the Coordinator is unsure whether or not to refer a case to social services, then advice from the thirtyone:eight will be sought and followed if appropriate.



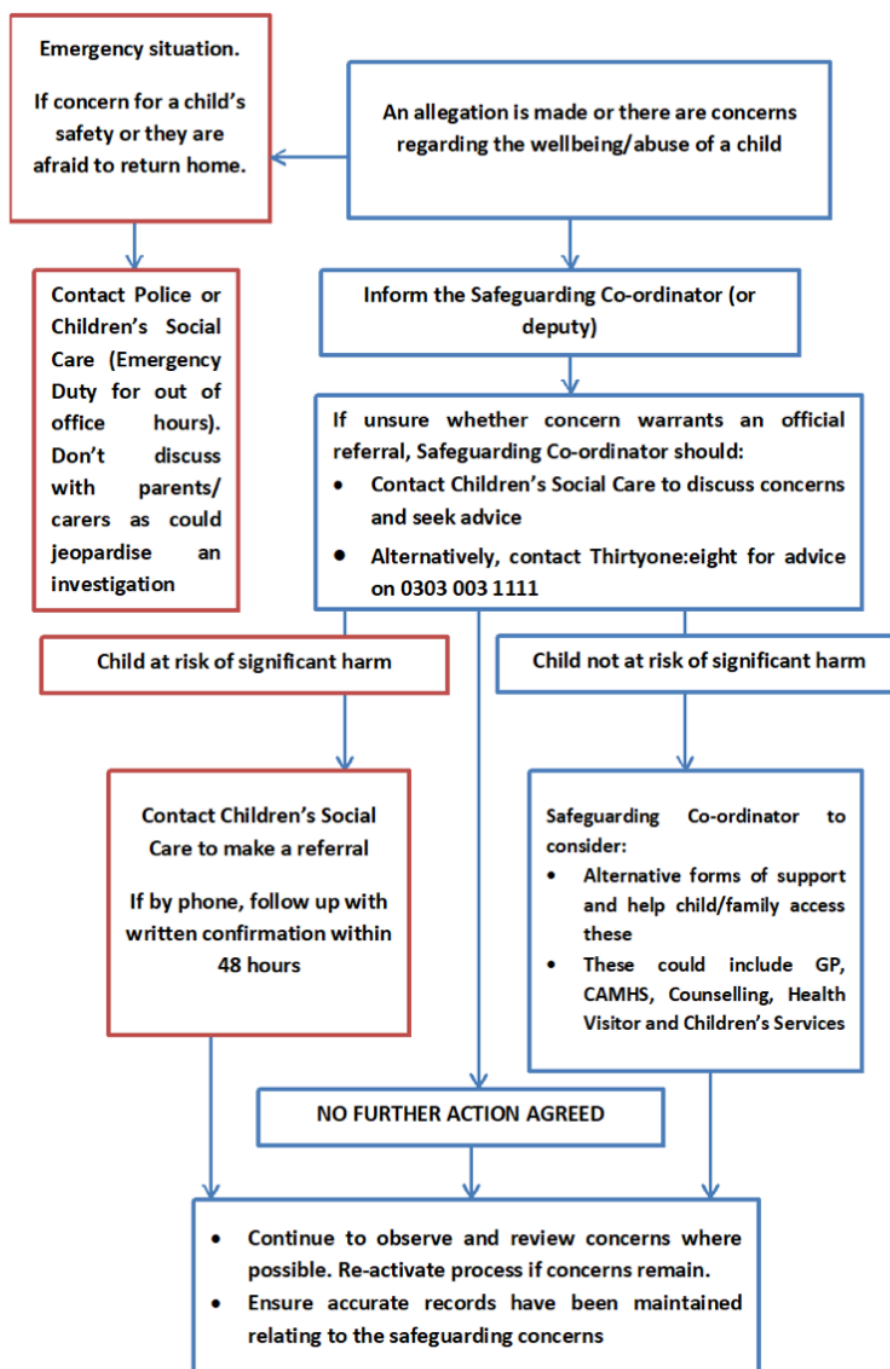
### **3.1.4. Specific Procedure for Allegations of Sexual Abuse (Children)**

In the event of allegations or suspicions of sexual abuse, the Coordinator will:

1. Contact the Social Services Duty Social Worker for Children and Families or Police Child Protection Team directly. The Coordinator will not speak to the parent or anyone else except the Deputy Coordinator, local authorities or social services.
2. If, for any reason, the Coordinator is unsure whether or not to follow the above, then advice from thirtyone:eight will be sought and followed. thirtyone:eight will confirm this in writing in case these details are needed in the future.
3. Under no circumstances will the Coordinator attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Coordinator is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the allegations under Section 47 of the Children's Act of 1989.
4. Whilst allegations or suspicions of sexual abuse will normally be reported to the Coordinator, the absence of the Coordinator or the Deputy Coordinator should not delay referral to the Social Services Department.
5. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Coordinator or Deputy as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.
6. The CL will support the Coordinator and the Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need-to-know basis.

### 3.1.5 Coordinators Flowchart for Action: Children and Young People

This flow chart provides an overview of action to be taken when concerned about the welfare of a child. It is to be used in conjunction with written procedures.

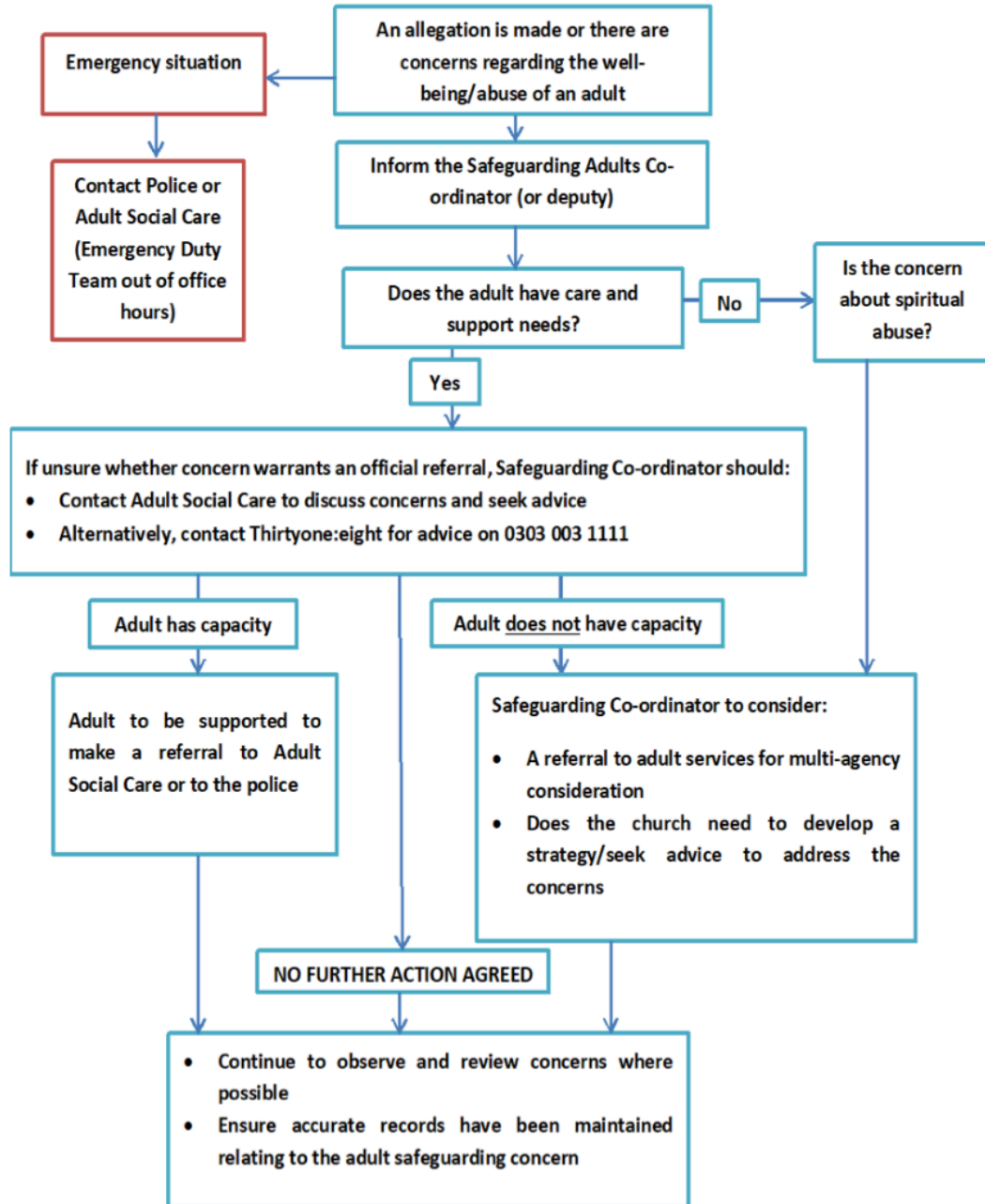


#### Working Together to Safeguard Children defines significant harm as:

“... any Physical, Sexual, or Emotional Abuse, Neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development.”

**3.1.6 Coordinators Flowchart for Action: Adults at Risk**

This flow chart provides an overview of action to be taken when concerned about the welfare of an adult at risk. It is to be used in conjunction with written procedures.



“The legal definition says that someone who lacks capacity cannot, due to an illness or disability such as a mental health problem, dementia or a learning disability, do the following:

- understand information given to them to make a particular decision
- retain that information long enough to be able to make the decision
- use or weigh up the information to make the decision
- communicate their decision.

## **3.2. Roles and Responsibilities**

The CL recognises that there are three key safeguarding roles with varying responsibilities within the church: the Safeguarding Leads, the Congregation leaders and the Safeguarding Coordinators and Deputies. The roles and responsibilities of each are described briefly below.

### **3.2.1. The role and responsibilities of the Safeguarding Leads**

The designated Safeguarding Leads for Children and Young People and Adults administrate safeguarding at a central level.

Their responsibilities are to:

- Keep the policy up to date and signed annually.
- Complete a safeguarding audit of all congregations and outreach groups and share the findings with the congregation leaders. The audit of children and young people safeguarding occurs biannually and the audit of adults safeguarding occurs annually.
- Report safeguarding concerns to the board where necessary and appropriate.
- Communicate policy updates to staff and train staff on safeguarding procedures annually.
- Create safeguarding training materials or signpost to existing safeguarding training materials where necessary.

### **3.2.2. The role and responsibilities of the Congregation Leader**

The Congregation Leader is responsible for overseeing safeguarding for their congregation and any outreach group connected to their congregation.

Their responsibilities are to:

- Oversee the safeguarding coordinators for their congregation. This includes ensuring that designated safeguarding coordinators and deputy coordinators are in place, that they are trained and that they are fulfilling their responsibilities.
- Oversee compliance to the safeguarding policy.
- Ensure that staff and relevant volunteers have access to the policy and safeguarding procedure and training.
- Consult the Safeguarding Leads on any changes to their congregation's safeguarding coordinators or procedures.
- Oversee DBS checks for staff and relevant volunteers.



### **3.2.3. The role and responsibilities of the Safeguarding Coordinators and Deputies**

The main role of the Safeguarding Coordinators and Deputies is to be the first point of contact for safeguarding issues.

Their responsibilities include:

- To be a named person that children, vulnerable adults, church members and outside agencies can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within Social Services and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform Social Services or the Police of a concern or incident.
- To take appropriate action in relation to any safeguarding concerns which arise within the church.
- To cooperate with Social Services or the Police in safeguarding investigations relating to people within the church.
- To ensure that appropriate records are kept by the church, and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To report any safeguarding incidents to the congregation leader (with appropriate level of detail/confidentiality).
- To ensure that relevant staff and volunteers undergo appropriate safeguarding training where necessary.

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### 3.3. Appointing and Training of Workers

#### **3.3.1. Training and Supervision for Children's, Young People's and Vulnerable Adults' Workers**

In appointing workers the church will be responsible for the following:

- The procedure for appointment will be: job description, form completion (application form and self-declaration form), DBS checks, an interview in which safeguarding is discussed, checking of references and qualifications where relevant, agreement of expectations, probationary period and then official appointment.
- All members of staff will be checked through the Disclosure and Barring Service and this will be updated every three years.
- All prospective children and young people workers, and some pastoral workers who work specifically with vulnerable adults as defined in Appendix A, will be checked through the Disclosure and Barring Service and asked to complete a form (See [Appendix H: Application Form for Workers](#)).
- The criteria for not appointing or terminating the work of children's and vulnerable adults workers are: previous criminal offences (cautions and convictions), irresponsible behaviour as determined by the ministry leaders. Workers who have committed offences of a violent or sexual nature will not be permitted to work with children or vulnerable adults. Other offences will be viewed individually. (For example, a person with motoring offences may, at the discretion of the CL, be permitted to work with children, but may not be permitted to drive a minibus.)
- All children, young people and vulnerable adults workers and volunteers will be trained in good practice and safeguarding regularly. They will understand the types of abuse, will have read and understood the Church Safeguarding Policy (asking for explanations where necessary) and know what procedures to follow if a child/person makes an allegation of abuse.
- Children's ministry leaders will be given opportunities to meet together regularly with a leader to discuss work programmes and areas of concern including issues relating to discipline.
- The appointment of workers will be reviewed on a regular basis.
- All team members fall under the authority of the CL and this includes possible termination of their involvement if they are deemed to be unsuitable for the work that they are involved in.
- All records (of employees and volunteers, as well as clubs, camps, and other activities) are to be kept by the church for an indefinite period of time so that if they are needed for future reference, they are available.

- All employees are to have a “portfolio” of responsibilities that they are to ensure are completed.
- When we have the opportunity to have volunteers from outside of the UK we will make sure to undertake necessary background checks on those applying to work with our children and teenagers. These include address history for the previous five-year period, as well as **references from each country lived in in this period.**

Where possible, we will also obtain international DBS checks for anyone who has lived in the U.K for less than a year.

### **3.3.2. Training and Supervision for All Pastoral Workers**

The CL is committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake recognised safeguarding training on a regular basis.

The CL will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision.

### **3.4. Working with Offenders**

Where someone attending the church is known to have abused children or vulnerable people, then whilst extending friendship to the individual, the CL in its commitment to the protection of all children and vulnerable adults will meet with the individual and discuss boundaries that they are expected to keep. No one who has a criminal record or a caution for any offence with children or vulnerable adults will be allowed to work with such groups at Every Nation London.

If the CL becomes aware of someone within the church known to have harmed children or adults in the past, the relevant Safeguarding Coordinator must be informed. The Coordinator and the relevant statutory authorities will then put a plan in place to minimise the risk of harm to children and adults within the congregation.



## **4. Good Practice**

The church is committed to providing sound and ethical pastoral care to children, young people, vulnerable adults and all members of the church. For more information on what the church outlines as good practice see [Appendix J: Children's/ Young People's Guidelines](#) and [Appendix K: Guidelines for Pastoral Care](#).

### **4.1. Helping Victims of Abuse**

As a church we are committed to supporting victims of abuse, and encouraging them in their faith. The CL is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the church.

For more information see [Appendix F: Helping Victims of Abuse](#).

## 6. Acknowledgements

This document is based on a model Child Protection Policy supplied by thirtyone:eight. This policy must not be copied by other churches/ organisations without the written agreement of thirtyone:eight.

This policy was created with reference to the following documents:

*Promoting a Safe Church: Policy for Safeguarding adults in the Church of England, (2006)*

Available at:

<https://www.churchofengland.org/sites/default/files/2017-11/promotingasafechurch.pdf>

*United Reformed Church's Safeguarding Policy for Local Churches (2015)*

Available at:

<https://urc.org.uk/images/safeguarding/Sample-Safeguarding-Policy-June-2015.pdf>

*Office of the Public Guardian safeguarding policy (2017)*

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595194/SD8-Office\\_of-the-Public-Guardian-safeguarding-policy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595194/SD8-Office_of-the-Public-Guardian-safeguarding-policy.pdf)

*Pastoral Care UK's Guidelines for Good Practice in Pastoral Care (2016)*

Available at:

[https://www.acc-uk.org/public/docs/pastoral-care/PCUK\\_Guidelines\\_for\\_Good\\_Practice\\_in\\_PC\\_Rev\\_20.09.pdf](https://www.acc-uk.org/public/docs/pastoral-care/PCUK_Guidelines_for_Good_Practice_in_PC_Rev_20.09.pdf)

## **Appendix A: Terminology**

This safeguarding policy covers children and adults. A child is defined as someone under the age of 18, this includes children and young people. An adult is defined as someone aged 18 or over.

A vulnerable adult (or adult at risk) can be defined as:

*Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.*

It is important to note that all adults are susceptible to vulnerability and that nobody can be seen as 'invulnerable'.

Some of the factors that increase vulnerability include:

- a sensory or physical disability or impairment;
- a learning disability;
- a physical illness;
- mental ill health (including dementia), chronic or acute;
- an addiction to alcohol or drugs;
- failing faculties in old age;
- a permanent or temporary reduction in physical, mental or emotional capacity brought about by life events, for example bereavement or previous abuse or trauma.

### **Am I working with a vulnerable adult?**

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding, this replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000)

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who;

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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## Appendix B: Definitions of Abuse (Children)

Child abuse has many forms. There are four identified categories of abuse as described in Working Together to Safeguard Children 2018: physical, emotional, sexual and neglect.

It is important not to investigate but to seek advice. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

### EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

### SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

#### Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

### DOMESTIC ABUSE

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of their gender or sexuality. Domestic abuse has an impact on children in a number of ways:

- They are at increased risk of physical injury (either by accident or because they attempt to intervene)
- They are greatly distressed by witnessing the physical and emotional suffering of a parent



- Exposure to parental conflict can lead to serious anxiety and distress
- Children in violent households are more likely to be exposed to other forms of abuse.

### **SPIRITUAL ABUSE**

Within faith communities harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries (including abuse linked to a belief in spirit possession) or rituals, any of which may result in children experiencing physical, emotional or sexual harm.

### **EXTREMISM**

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

### **Note on FGM (Female Genital Mutilation)**

Female Genital Mutilation (FGM) includes all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for nonmedical reasons.

FGM is illegal in the UK (Female Genital Mutilation Act 2003) and is considered to be child abuse. As a result, it is mandatory to report 'known' cases of FGM in children and young people under 18 years of age to the police.

Some signs and indicators of FGM could be:

- knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday.
- arranging vaccinations or planning absence from school.
- the child may also talk about a special procedure/ceremony that is going to take place.
- indicators that FGM may already have occurred include prolonged absence from school, church or other activities with noticeable behaviour change on return.
- bladder or menstrual problems.
- children finding it difficult to sit still and look uncomfortable.
- complaining about pain between their legs.
- talking about something somebody did to them that they are not allowed to talk about.

Leaders should also be aware that other forms of abuse can occur, e.g.:

- stranger abuse
- internet-related abuse sometimes called 'e-abuse'
- bullying (abuse by other children)
- fabricated or induced illness
- abuse of disabled children (who are more frequently abused than non-disabled children)
- deliberate self-harm (overdoses, cutting)
- allegations of possession by evil spirits
- child trafficking
- sexual exploitation
- forced marriage
- peer abuse – can be confused with bullying

### **Definitions of harm**

The following is adapted from Working Together to Safeguard Children 2010, the statutory guidance for Safeguarding and Child Protection

- 'Harm' means ill-treatment or the impairment of health or development, including, for example impairment suffered from seeing or hearing the ill-treatment of another.
- There are no absolute criteria on which to rely when deciding whether something constitutes harm or significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion etc..
- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.
- The maltreatment of children, physically, emotionally, sexually or through neglect, can have major long- term effects on all aspects of a child's health, development and wellbeing. The immediate impact and longer-term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours, offending and anti-social behaviour. Maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood.
- N.B. It is not the position of staff or volunteers to make a judgement on the type of harm, or on the severity and its likely impact, but to simply listen, respond, seek advice and refer on to the authorities as needed. Always seek advice, even if you are unsure.

## **Appendix C: Definitions of Abuse (Adults)**

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

### **DEFINITION OF ABUSE**

From The URF's *Safeguarding Policy for Local Churches*:

*Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.*

### **PHYSICAL ABUSE**

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

### **SEXUAL ABUSE**

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.

### **DOMESTIC ABUSE**

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called 'honour' based violence.

### **FINANCIAL OR MATERIAL ABUSE**

This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

### **PSYCHOLOGICAL/EMOTIONAL ABUSE**

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

### **SPIRITUAL ABUSE**

This includes the inappropriate use of religious belief or practice, the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries (including abuse linked to a belief in spirit possession) or rituals, any of which may result in vulnerable adults experiencing physical, emotional or sexual harm. Vulnerable adults may also need protecting from radicalisation and being exposed to extremist views.

### **MODERN SLAVERY**

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

### **ORGANISATIONAL ABUSE**

Including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

### **DISCRIMINATORY ABUSE**

Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

### **NEGLECT**

This includes ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

### **SELF- NEGLECT**

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

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## Appendix D: Signs of Abuse (Children)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

### PHYSICAL

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc which do not have an accidental explanation\*
- Cuts/scratches/substance abuse\*

### SEXUAL

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia\*

### EMOTIONAL

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

### NEGLECT

- Under nourishment, failure to grow, constant hunger, stealing or gorging food,
- Untreated illnesses,
- Inadequate care, etc

\*These indicate the possibility that a child or young person is self-harming.

Approximately 20,000 are treated in accident and emergency departments in the UK each year.

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## Appendix E: Signs of Abuse (Adults)

It is essential to note that these are only indicators of possible abuse. There may be other, innocent, reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for an adult's behaviour.

### PHYSICAL ABUSE

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

### SEXUAL ABUSE

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

### FINANCIAL ABUSE

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

### PSYCHOLOGICAL/EMOTIONAL ABUSE

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

### NEGLECT

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

(Adapted from The URF's *Safeguarding Policy for Local Churches*)

## Appendix F: Helping Victims of Abuse

In seeking to help victims of abuse the following points may be helpful to consider:

- Victims of abuse often have difficulty trusting others and this loss of trust can have a profound impact on the life of the survivor.
- Many victims of abuse do not speak about their experience until many years after the incident.
- There is no quick fix for healing from abuse and it is crucial that survivors:
  - Are not pushed into forgiving too early. Forgiving their abuser/s is a complex process, and considerable damage can be done by treating forgiveness as something that they must do unreservedly and now.
  - Are not put in a position of feeling even more guilty than they already do. Survivors tend to feel that the abuse was all their fault, particularly when there was more than one abuser.
  - Are accepted as they are, however full of anger they may be. Anger can be seen as one step along the road to forgiveness – at least if they are angry they are starting to accept that the abuse seriously affected them and this can be a good starting point to move towards healing.
  - Are given a sense that those within the church community who know about the abuse are ‘with them’ along the road to recovery. The journey can be very long and supporters are essential.
- Survivors can benefit from professional counselling if that is available, or joining a support group. Survivors helping other survivors can be powerful and effective.
- It is important to recognize the vulnerability and possible ‘childlike’ state of survivors, especially when they are in crisis or the early stages of healing. They can be over-compliant and easily manipulated. Power abuse within pastoral care is a real danger here.

(Adapted from *Promoting a Safe Church: Policy for Safeguarding adults in the Church of England*)



## Appendix G: Sample Safeguarding Incident Recording Form

<b>Basic Information</b>	
Full name of child, young person or adult concerned	
Address (including postcode)	
Email address	
Telephone Number	
Date of birth	
Date and time of incident	
Location of incident	
Other people present (witnesses)	
<b>Record of incident (continue on a separate sheet if necessary)</b>	
<p>Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words. Include details such as tone of voice, facial expression and body language. Record what you said as well as what the child, young person or adult said. If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.</p>	

<b>Who has been spoken to about the incident?</b>			
<i>Position / Organisation</i>	<i>Name</i>	<i>Email</i>	<i>Telephone no.</i>
Church Safeguarding Coordinator			
Deputy Coordinator			
Children's Services			
Adult Services			
Police			
NSPCC			
Parent / Carer			
Other (please state role and organisation)			
<b>Feedback and follow up actions (continue on a separate sheet if necessary)</b>			

**Name:** .....  
 (person who completed this report)

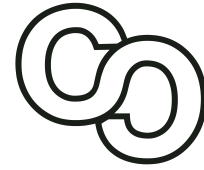
**Position held in the church:**  
 .....

**Signed:** .....

**Dated:** .....

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**Appendix H: Sample Application Form for Workers**



**KIDS AND YOUTH LEADER'S  
APPLICATION FORM**

*We ask all prospective workers with children and young people to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet. The information will be kept confidential by the church unless requested by the appropriate authority.*

Requirement for Children's or Youth worker at Every Nation Church London:

1. You must be part of a connect group/mentorship relationship within the church.
2. You must attend or have completed Follow 1.

**PERSONAL DETAILS:**

Full Name \_\_\_\_\_

If you have ever changed your name, please complete when you changed it and what it previously was (eg maiden name & wedding date)

\_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Tel no. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

E-mail \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

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Please name your previous church? \_\_\_\_\_

What was your reason for leaving your previous Church?

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Please give details of any previous experience you have had working with children, including any relevant qualifications or training you may have, including first aid.

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Have you ever had an offer to work with children declined?

Yes\_\_\_ No\_\_\_

If yes please give details:

---

---

## **REFERENCES:**

Please give 2 references in the section provided below. These need to be people who know you well and would be able to give a personal reference, preferably people who have observed you with children, but not a family member. In addition we reserve the right to take up character references from any individual deemed necessary.

### **Reference 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

**Reference 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_

Relationship: \_\_\_\_\_

**DECLARATION (See note below)**

Have you ever been charged or convicted of a criminal offence or are you presently the subject of an investigation

Yes\_\_\_ No\_\_\_

If yes please give details including the nature and dates of these offence(s)

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Have you ever been involved in court proceedings concerning a child for whom you had responsibility?

Yes\_\_\_ No\_\_\_

If yes please give details

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To your knowledge have you ever had an allegation made against you which has been investigated by social services or the police?

Yes\_\_\_ No\_\_\_ (If yes, we will need to discuss this with you.)

*Because of the nature of the work for which you are applying, this position is exempt from the provision of section 4(ii) of the rehabilitation of offenders act 1974 (Exemptions order 1975) and you are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work with children and/or young people within the church.*

- I confirm that the above information is correct and complete
- I, the above named applicant, release Every Nation Church, it's trustees, directors and staff from any loss or personal injury, accident misfortune or damage to the above named or his or her property, with the understanding that reasonable precautions shall be taken to ensure health and safety of the above named applicant.
- I agree to read and abide by the guidelines and rules set out in Every Nation Church London's Child Protection Policy

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please ask your connect group leader to read this form and fill in the section below:

I \_\_\_\_\_ of \_\_\_\_\_ group

am happy/not happy to recommend \_\_\_\_\_ (applicant's name) to work with children. (Delete as applicable)

Sign \_\_\_\_\_ Date \_\_\_\_\_

*If you feel there is anything you need to discuss with us privately, please contact the relevant safeguarding coordinator*

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**Appendix I: Sample Accident and Incident Form**

**ACCIDENT AND INCIDENT FORM**

*This form should be completed immediately after any accident or significant incident. The worker should discuss with the activities leader of the particular event and decide what follow up action is necessary. This can now also be done in our Accident / Incident Books*

Day, date and time of incident: \_\_\_\_\_

Names, addresses and ages of those involved in the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where the incident took place: \_\_\_\_\_

Name of church: \_\_\_\_\_

Name of your group: \_\_\_\_\_

Person normally responsible for the group (name, address and telephone number):

\_\_\_\_\_  
\_\_\_\_\_

Person responsible for the group at the time of the incident (name, address, telephone number):

\_\_\_\_\_  
\_\_\_\_\_

Other workers supervising group at the time of the incident (names, addresses, telephone numbers):

\_\_\_\_\_  
\_\_\_\_\_



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Persons who witnessed the incident (names, addresses, telephone numbers and ages if under 16):

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Describe the accident or incident (include injuries received and any other first aid or medical treatment given):

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Have you retained any of the defective equipment? \_\_\_\_\_

If so, where is it being kept and by whom?

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What action is being taken to prevent a recurrence of the incident?

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Is the site or premises still safe for your group to use? \_\_\_\_\_

Is the equipment still safe for your group to use? \_\_\_\_\_

Who else do you need to inform? \_\_\_\_\_

Have they been informed? \_\_\_\_\_

If so, when and by whom? \_\_\_\_\_

**Signature of person in charge of the group at the time of the accident/ incident:**

\_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Form seen by Pastor/ Leader:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix J: Children's/Young People's Guidelines**

### **General Guidelines**

For the church's code of behaviour and more detailed guidelines on touch, transporting children, registration of children's groups, recommended staffing levels, health and safety and dealing with children with special needs please see our **Kids and Youth Ministry Handbooks** which can be accessed at [www.enresources.uk/kids-and-youth](http://www.enresources.uk/kids-and-youth).

## Appendix K: Guidelines for Pastoral Care

Pastoral care is simply caring for others and supporting them in line with Jesus' commands and example. Every member of the church can and should be involved in caring pastorally for those around them. This type of pastoral care is usually informal and happens organically in everyday life settings.

However, leaders in the church are entrusted with a responsibility to care for the people they are leading. This entails being a 'pastoral first responder' for anyone experiencing a significant pastoral issue for which they need care and support. Leaders may not have the specific skills or experience to help the person through what they are facing, but it is their responsibility to make sure that the struggling person is able to receive care (whether from another more experienced leader or through referral to a professional or organisation).

It is important to note that pastoral care is not counselling. Counselling is a specialised role that requires specific training and expertise and involves a contractual relationship between the client and the counsellor.

For more information on how to care for others well and for resources and information on referrals, please see our **Caring Well Manual** accessed at [www.enresources.uk/pastoral-care](http://www.enresources.uk/pastoral-care).

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## Appendix L: Rules on Photography (Children)

Photography and video recordings are great ways of recording Every Nation London church life, recording special moments and providing a historic record, illustrating and validating important moments in young people's lives and in our activities as an historic record of the events undertaken by Every Nation London involving kids and youth.

In accordance with the Data Protection Act 2018 and GDPR act, organisations must be careful if they want to take photographs or film footage of people, and how images are used. This does not mean that photographs should not be taken or that filming is prohibited, but there are certain protocols that must be followed to comply with data protection legislation as well as to ensure that children, young people and vulnerable adults are kept safe.

### Photography Protocols:

- **Consent must be obtained** from both children and adults (or parent/guardian where appropriate) before a photograph is taken or film footage recorded. Before using any material for both internal and external purposes we need to ensure that we have recorded consent via ChurchSuite.

Internal covers anything that remains physically and/or digitally (USB, cloud or google drive etc) within the church organisation e.g. can be shown on a powerpoint for training, within an unrecorded church service or a password protected zoom meeting. External is anything that goes public which includes all broadcast services and social media and is easily accessible (eg. through platforms like Facebook, YouTube, etc).

- In seeking to obtain consent, it is acceptable to ask parents/carers to let the organisation know if they do NOT want their child photographed or filmed and for the parent/carer to contact them if they have any objections.
- Any media that contains images of those who have not yet consented to their image being taken, used or stored must be deleted or the media blurred to protect the person's anonymity.
- The project leader, with permission from the CL, should contact parents/carers to explain the use of any media featuring their child. It must be made clear why the image(s) or film is being used, what it will be used for and who might want to look at the pictures.
- If images or videos are being used for a project outside the normal scope of Every Nation London, e.g. for a personal university project or school homework, then written and specific consent from parents or carers must be obtained by the individual concerned.

- When using photographs of children and young people, use group pictures and never identify them by name or other personal details in writing. These details could include e-mail or physical addresses, telephone numbers or information about their school etc. This is also important when taking screenshots of online meetings.
- No Youth or Children workers should take photos of children on their personal digital capture device for personal use. Photos should never be shared using any messaging service and only shared by secure cloud services or USB stick or drive.
- When taking photos of special events or places like camp, only designated photographers, who have gone through the necessary checks and are approved, should be allowed to take photos and videos. All photographs and films should be uploaded to one agreed platform (e.g. hard-drive or cloud based servers) to the knowledge of a Kids and Youth Pastor at Every Nation London and then deleted from original devices.
- Photographers should not take photographs or prolonged film focusing on any one particular child. In the scenario when burst photos have been taken any unused picture would be deleted immediately.
- All children must be appropriately dressed when photographed. - i.e not photos taken of children or adults semi-naked or in swimming attire that is revealing.
- All photographs that are taken, excluding external projects, remain the property of Every Nation and must only be used in accordance with Every Nation policies. Photographs and video images are 'personal data' as far as data protection legislation is concerned and must be used responsibly.

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## Appendix M: Child Pornography and Sexting

### Child Pornography

Making, downloading or viewing sexual images of children on the Internet is a crime. People who engage with child pornography need help to prevent their behaviour from becoming even more serious. Those seeking help with their online sexual behaviour can take part in the organisation Stop It Now!'s online self-help programme on <https://www.stopitnow.org.uk> or call their confidential and anonymous helpline on 0808 1000 900.

If someone discloses to you that they have viewed child pornography you should contact the church's Safeguarding Coordinator.

### Sexting

The current law on sexting also referred to as YPSI (youth produced sexual images) states that "creating (taking), possessing or sharing sexual/indecent images or videos of a child under 18 is illegal, even if the person doing it is a child."

Although the age of consent is 16, the relevant age in relation to indecent images is 18 and so anyone under the age of 18 years of age is considered a child. There is no official definition of indecent within the law, however, if the person in a picture is naked, a topless girl, contains genitals or sexual acts (including masturbation) then it is indecent.

Illegal activity includes:

- Sending sexual/indecent messages to a child.
- A child taking a sexual/indecent photo or video of themselves or another child and sharing this, even if it's shared between children of the same age.
- Having, downloading or storing a sexual/indecent image or video of a child, even if the child gave their permission for it to be taken.
- Adults sharing a sexual/indecent photo of a child to raise awareness is also illegal.

In summary, sexting is illegal. If a youth worker or volunteer is told about this in any of the ways mentioned above they need to discuss the matter with the Safeguarding Coordinator and report this to the police. While it is expected of us to report such matters to the police, it is also essential that we understand the impact on the young person and take the time to care for them and their emotional well being too.

It is also important to note that new guidance was introduced in 2016 to address the trend of sexting, allowing police to close investigations where the messaging is considered non-abusive and there is no evidence of exploitation, grooming, profit motive, malicious intent or persistent behaviour. Such cases are recorded as outcome 21, which allows police to list a crime as having happened but for no formal criminal justice action to be taken.



## **Appendix N: Self-Harm**

### **What is self-harm?**

Self-harm is a physical response to emotional distress in which a person injures or harms themselves on purpose. Self-harm can be very addictive and once a young person starts self-harming it can become a compulsion. As a result, it is important to identify self-harm as soon as possible and do everything you can to help. Self-harm is always a sign that something is seriously wrong

The phrase 'self-harm' is used to describe a wide range of behaviours, the most common of which are cutting, scratching, bruising, burning, overdosing, or intentionally putting oneself in risky situations. Self-harm also includes behaviour that is quite common such as abusing alcohol and drugs or having an eating disorder.

### **Why do young people self-harm?**

Young people harm themselves for all sorts of reasons, but the urge to self-harm usually comes from strong emotions that have become difficult to manage. Self-harming behaviour is often associated with feelings of anger, desperation or a need to feel in control. Self-harm can also be a way that young people who are experiencing unbearable feelings of shame seek to 'punish' themselves. Some young people who have experienced trauma or abuse cope with this by dissociation (that is they cut themselves off mentally from their experiences and become emotionally numb) and so, for these young people, inflicting pain on themselves is a way of making themselves feel more connected and alive.

### **Self-harm and suicide**

Self-harm is not usually a suicide attempt or a cry for help. However, individuals who have self-harmed are at higher risk of suicide than other young people. Young people who harm themselves with a wish to commit suicide usually also have mental health problems or other serious issues in their lives. It's more helpful to see self-harm for most young people as their way of coping, a survival strategy in the face of emotional distress. There are, however, always risks with self-harm and it should never be ignored.

### **Assessing risk**

Decisions about what to do next can be based on the level of risk involved in the self-harm. There is generally a scale of risk when looking at self-harm behaviour.

#### **Lower risk:**

Individuals whose self-harm results in superficial tissue damage, who have some positive coping skills, and external support are those whose behaviour poses less of a risk. Parents

may or may not need to be notified in this case depending on your confidence that the self-harm is not likely to cause unintended injury.

Mentoring or befriending a young person in these circumstances can be helpful, whilst also encouraging them to use safer coping strategies to help release their feelings, such as writing, drawing, physical exercise. It is important to remember that self-harm usually stems from a sense of internal or external stress, it is therefore helpful to encourage the individual who is self-harming to seek a trusted adult to talk to when they feel like they may be at risk of self-harm or other unhealthy behaviours. This could be a youth worker, relative, school nurse, or a counsellor.

### **Higher risk:**

Self-harm poses a higher risk if a young person is frequently reporting self-injury practices or is using high-risk methods, ie. deep cutting, ingesting dangerous substances etc. If this is coupled with experiencing severe internal and external stress with few positive support or coping skills, they are likely to require more intense intervention, such as GP, and/or Child and Adolescent Mental Health Services (CAMHS). Higher risk self-harmers usually have a more established self-harm routine, report a degree of dependence, often hurt themselves more than intended, and report life interference as a result of their self-injury.

Where under 18, parental involvement is likely to be advised in such cases. It is important to note that the young person should be respectfully and actively involved even where there is resistance. Ideally, the young person should be encouraged to speak to their parent/s about the harming. However, if reluctant, a responsible adult may need to alert parents that their child may be in danger of harming him or herself in the future.

### **Helpful responses**

As a parent or responsible adult, it can be really hard to cope with a child/young person with self-harming behaviour or who attempts suicide. It's natural to feel angry, frightened or guilty. It may also be difficult to take it seriously or know what to do for the best. Try to keep calm and caring, even if you feel cross or frightened; this will help the child/young person know you can manage their distress and they can come to you for help and support.

This may be difficult if there are a lot of problems or arguments at home. Or, you may simply feel too upset, angry or overwhelmed to effectively help your child/young person. If this is the case, you should seek advice from your GP.

As a teacher/minister/youth worker, it is important to encourage young people to let you know if one of their friends is in trouble, upset or shows signs of harming themselves. Friends often worry about betraying a confidence and you may need to explain that self-harm is very serious and can be life-threatening. For this reason, it should never be kept secret.

### **Practical tips**

- Notice when the young person seems upset, withdrawn or irritable. Self-injury is often kept secret but there may be clues, such as refusing to wear short sleeves or to take off clothing for sports.
- Encourage them to talk about their worries and take them seriously. Show them you care by listening, offer sympathy and understanding, and help them to solve any problems.
- Buy blister packs of medicine in small amounts. This helps prevent impulsive overdoses. Getting pills out of a blister pack takes longer than swallowing them straight from a bottle. It may be long enough to make someone stop and think about what they are doing. Also, keep medicines locked away.
- If a young person has injured themselves, you can help practically by checking to see if injuries (cuts or burns for example) need hospital treatment and if not, by providing them with clean dressings to cover their wounds.

### **Safeguarding Procedure**

If a young person has disclosed self-harm to you, follow the following procedure:

- Contact the Safeguarding Officer
- Fill in an Accident/ Incident form together. It is important to document what the young person has told you about where they are at so that you have a record of what has been happening and something to be able to look back on and see if the situation is escalating.
- Assess the risk and decide what steps need to be put in place to best protect the young person – physically, emotionally and mentally.

We don't automatically tell a young person to stop self-harming as this behaviour is addictive and the root cause of the behaviour needs to be addressed at the same time to have the best results. Gently giving the young person "safer" ways to deal with their pain and self help steps to work their way through this is the best way forward.

Lydia Anderson is trained in Mental Health First Aid and so can be used as a resource and again thirtyone:eight will be able to advise on an individual case by case basis.

## **Appendix O: Suicide**

Suicide can be a tough subject to navigate and discuss, but that makes these conversations even more important. Talking about suicide helps take it out of the shadows. Contrary to popular belief, talking about suicide does not encourage or lead someone to take action. Nobody gets hurt from having the conversation. Rather, it often allows the person to give voice to their struggle.

A person who is contemplating suicide may show one or more signs – or they may not show any at all.

### **Warning signs:**

- Threatening to hurt or kill themselves
- Withdrawing from friends, family or society
- Expressing feelings of hopelessness and saying things like “I’d be better off dead”, “No one would miss me”, “I just wish I wasn’t here anymore”
- Talking or writing about death, dying or suicide (including in schoolwork, creative writing and artwork)
- Giving away their prized possessions

Undiagnosed, untreated or undertreated depression, bullying, experiencing a traumatic event, and struggling with sexual orientation are just a few risk factors that may be associated with suicide.

### **What to do if you're worried a person is feeling suicidal:**

If a person discloses suicidal thoughts to you or if you hear about a young person having suicidal thoughts you please remember to treat this like any other disclosure - don't promise confidentiality and follow the below steps:

- Ask the person directly if they are having thoughts of suicide or thinking about killing themselves. Appearing confident in the face of the suicide crisis can be reassuring for the person. It's important to ask the question without dread or expressing any negative judgement.
- Express empathy for the person and what they are going through. Give them the opportunity to talk about their feelings. Listen without judgement and talk about some of the specific problems they face. The person may get great relief from talking about their experiences.

- Do not leave a person who is experiencing a crisis alone. People rarely act on suicidal thoughts with other people present.
- Always seek professional help when a person is exhibiting suicidal ideation. This may mean taking them to the emergency department of a hospital, a community mental health centre or a doctor's office.
- In an emergency situation call 999.
- If not an immediate emergency and the person has not talked about a plan to harm themselves then they could be directed to the Samaritans: <https://www.samaritans.org>.
- Children and young people under 19 can also get support from Childline online or over the phone, 24 hours a day: <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>
- Lastly, once you know that the person is safe please **contact the relevant Safeguarding Coordinator** and if not available call the Thirtyone: eight Helpline on 0303 0031111, Option 2.

Suicidal thoughts are serious and should always be followed up with professional help and resources. Your safety and the person's safety are the top priority. Following a crisis, you can also seek help to talk about your feelings and make sure you take time to process what has happened.

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## **Appendix P: Online Communication (Children and Young People)**

Online youth work can take many forms, such as:

- Meeting as a group through an online video chat platform
- Connecting with individuals and groups through messaging software
- Broadcasting activities or video on social platforms
- A video call with a young person and two approved youth workers

Each of these methods can provide a great opportunity for youth work which otherwise might not happen, or even for an enhanced experience of what is possible. This can be done safely and all risks mitigated by following the guidelines outlined below.

### **General Guidelines**

- All youth workers/volunteers that engage with online communication need to have been safely recruited with applications submitted, references checked, and a DBS in place before they are allowed to proceed.
- As in in-person circumstances, unless unavoidable, contact with young people should take place with multiple youth workers present and not by any single worker on their own.
- When hosting online chats and sessions it is important to make sure that youth workers and volunteers are wearing suitable clothing, are in appropriate areas for this call and thinking through what their backgrounds are.
- Boundaries need to be communicated and maintained around when online communication is appropriate. For example, youth workers should not be available at all times and conversations with a young person after 10 o'clock at night are strongly discouraged.

### **Parental permission**

- Parents/carers must be contacted and permission granted before youth workers engage with online small groups/mentoring relationships.

### **Profiles and devices**

- As far as possible, all online contact with young people should be made from an organisation number or account rather than personal numbers or accounts. Two to three key workers should have access to the login details so to keep accountability open.

### **Group calls**

- Always ensure you have an appropriate number of approved workers on a group chat, in line with the policy for off-line work.
- To minimise risk, always consider if group communication can be achieved rather than one-on-one. Where a one-on-one video call is required, it is good practice to have an additional youth worker present or to ask if a parent/carer can be home at the same time.

### **Video call setup and admin**

With regards to Zoom calls and other group video calls, there are some important safeguarding points to note for setting up a call:

- always use a password which is shared separately
- turn off the ability for participants to share their screen
- don't allow participants to join before host and enable a waiting room
- consider using "authenticated zoom users only"

### **Social media**

- When using social media for communication, use an organisation account in which two or three youth workers have the passwords so that when young people send direct messages they know that it is an open-access account.
- Be aware of the age restrictions on different social media platforms and make sure that those are adhered to when contacting young people and encourage young people to keep the guidelines already set.

An exception may be made for the use of WhatsApp. The CL are aware that the age limit for WhatsApp in the UK is 16. However, upon looking at the different apps and platforms available for young people, we have assessed the risks and have made a collective decision that we will continue to use WhatsApp to communicate with young people.

In order to do this safely, the following steps must be followed:

- Parents/carers need to give written permission for young people to join relevant youth WhatsApp communication groups.
- At least three youth workers who have had the correct recruiting processes will serve as admins to the groups.
- These groups will be monitored on a daily basis and any inappropriate content will be removed and the offending young person warned. Bullying will not be tolerated in any form and leaders will deal with this swiftly.